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WEBSITE: www.citykankakee-il.gov

STEPS FOR OBTAINING A PEDDLERS/SOLICITORS/VENDOR LICENSE FROM THE CITY OF KANKAKEE

Initial application fee: \$15.00

The following documents must be attached to the completed application:

- (1) A copy of your actual Illinois Retailer's Occupation Tax number
- (2) A copy of your contractual proof of employment (if in business for yourself, something with your business name on it)
- (3) A copy of a valid State ID or Driver's License
- (4) A copy of your current Vehicle Insurance Card
- (5) A copy of your valid Vehicle Registration Card
- (6) A copy of verification of the Company which you are representing

If you are selling food, you must have a letter of approval from the Kankakee County Health Department (815-802-9400). If you are an itinerant merchant and you are setting up shop in front of a business, you must have a signed and dated letter of permission from the business owner.

**ALL APPLICANTS MUST HAVE THEIR PHOTOS TAKEN BY CITY
CLERK'S OFFICE AS PART OF THEIR APPLICATION PROCESS.**



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**APPLICATION FOR PEDDLER, SOLICITOR, ITINERANT MERCHANT, OR
TRANSIENT VENDOR**

*****THIS APPLICATION MUST BE SUBMITTED AT LEAST 72 HOURS
(THREE BUSINESS DAYS) PRIOR TO THE DATE(S) ON WHICH YOU WANT TO
SOLICIT *****

Date: _____

PLEASE SUBMIT THE FOLLOWING DOCUMENTS:

- ☐ COPY OF RETAILER'S OCCUPATION TAX ID NUMBER
- ☐ COPY OF CONTRACTUAL PROOF OF EMPLOYMENT
- ☐ COPY OF VALID STATE ID OR DRIVER'S LICENSE
- ☐ COPY OF CURRENT VEHICLE INSURANCE CARD
- ☐ COPY OF VALID VEHICLE REGISTRATION CARD
- ☐ PHOTO TAKEN BY CITY CLERK'S OFFICE
- ☐ RECEIPT FOR PAYMENT

1. Name of Applicant _____
Telephone _____
Street _____ Cell Phone _____
City, State, Zip _____ Date of birth _____
Email Address _____ Social Security# _____
Drivers License # _____ State Issued in _____
2. Name of Employer _____ Telephone _____
Fax Number _____ Hire Date _____
Street _____ City, State, Zip _____
Website address: _____ Business Type _____

Company's Establishment Date _____ Employer Identification # _____
Retailer's Occupation Tax # _____
Immediate Supervisor: _____

PLEASE ATTACH VERIFICATION OF COMPANY (i.e. proof of legitimacy of business).

3 Nature of business and description of products/services to be sold: _____

4. Method of delivery for products/services sold: _____

5. Length of application requested: from _____ to _____

a) Hours of the day to be operating: from _____ to _____

Per Section 19-12 of the Municipal Code Book: "No person shall engage in or carry on any such activities permitted by this chapter prior to: sunrise or after sunset on any day except Sundays and national holidays; prior to twelve noon, or after six p.m. or sun-down, which ever first occurs, on Sundays; and, at any time on national holidays."

b) Approximate area within the city where the solicitation, peddling, or canvassing will take place _____

6. Type of transportation: Model _____ Color _____ Year _____

License plate number: _____

License number and date of sticker expiration _____

Name and Address of Owner if different from applicant:

Name _____

Street _____

City, State, Zip _____

7. Have you ever been licensed by the City of Kankakee? ☐ yes ☐ no

When? _____ Was license ever revoked? ☐ yes ☐ no

If so, explain: _____

8. Direct contact as a registered agent (for purpose of receiving notices, claims, or process)

Name: _____

Telephone _____

Street _____ City, State, Zip _____

Fax _____ Title _____

9. Have you ever been convicted of any crime, misdemeanor, or violation of a Municipal Ordinance? ☐ yes ☐ no

If yes, state the nature of the offense and the punishment or penalty:

10. Have you ever been convicted of any crime, misdemeanor, or violation under State or Federal law? ☐ yes ☐ no

If yes, state the nature of the offense and the punishment or penalty:

11. Names of two (2) business references who will certify as to the applicant's good reputation and business responsibility (please list full mailing address):

1. _____
Name Company Address Phone

2. _____
Name Company Address Phone

12. Names of two (2) personal references who will certify as to the applicant's good reputation (please list full mailing address):

1. _____
Name Address Phone

2. _____
Name Address Phone

13. List all licenses to conduct business as a Transient Vendor, Itinerant Merchant or Peddler obtained in the State of Illinois within the last twelve (12) months.

14. *For Itinerant Merchants and Transient Vendors only:* Location and permission to operate from owner the place or places, other than the *permanent* place of business of the applicant, where applicant within the last six (6) months preceding the date of this application conducted a transient business and stating the nature thereof:

Signature of Applicant

OFFICE USE ONLY:	
PROCESSED BY: _____	
DATE: _____	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED

PEDDLERS AND SOLICITORS

DOOR TO DOOR

ONE PEDDLER WORKING ALONE:

ADDITIONAL PEDDLERS (SAME COMPANY)*

APPLICATION FEE: \$ 15.00
PER DAY: \$ 10.00
EACH ADDITIONAL DAY \$ 5.00
PER WEEK: \$ 30.00
EACH ADDITIONAL WEEK: \$ 15.00
PER MONTH: \$ 60.00
EACH ADDITIONAL MONTH: \$ 30.00
FOR SIX (6) MONTHS: \$105.00
EACH ADDITIONAL MONTH: \$ 45.00
PER YEAR: \$165.00

APPLICATION FEE: \$ 6.00
PER DAY: \$ 4.00
EACH ADDITIONAL DAY: \$ 2.00
PER WEEK: \$ 12.00
EACH ADDITIONAL WEEK: \$ 6.00
PER MONTH: \$ 24.00
EACH ADDITIONAL MONTH: \$ 12.00
FOR SIX (6) MONTHS: \$ 42.00
EACH ADDITIONAL MONTH: \$ 18.00
PER YEAR: \$ 66.00

***For each additional person or peddler accompanying and working with a peddler: 40% of the foregoing schedule of fees for one peddler working alone.**

No license shall be issued to extend beyond April 30 of the fiscal year in which the license is issued. No application fee shall be required for solicitors, peddlers, or canvassers representing a charitable, community or religious organization. (Ord. 92-12, 3-16-92)

LICENSE FEES – ITINERANT MERCHANTS/TRANSIENT VENDORS

TRANSIENT VENDORS have push carts, trucks, etc.

ITINERANT MERCHANTS set up in front of businesses, with owner's permission.

INITIAL APPLICATION FEE: \$15.00

	Non-perishable goods -----	Perishable Goods -----
Per day	\$ 25.00	\$ 10.00
Each additional day	\$ 10.00	\$ 5.00
Per week	\$ 60.00	\$ 30.00
Each additional week	\$ 30.00	\$ 15.00
Per month	\$120.00	\$ 60.00
Each additional month	\$ 60.00	\$ 30.00
For six (6) months	\$210.00	\$105.00
Each additional month	\$ 90.00	\$ 45.00
Per year	\$330.00	\$165.00

No license shall be issued to extend beyond April 30 of the fiscal year.

ADDITIONAL VENDORS/ITINERANT MERCHANTS: (40% OF FIRST VENDOR)

INITIAL APPLICATION FEE: \$ 6.00

	Non-perishable goods -----	Perishable Goods -----
Per day	\$ 10.00	\$ 4.00
Each additional day	\$ 4.00	\$ 2.00
Per week	\$ 24.00	\$ 12.00
Each additional week	\$ 12.00	\$ 6.00
Per month	\$ 48.00	\$ 24.00
Each additional month	\$ 24.00	\$ 12.00
For six (6) months	\$ 84.00	\$ 42.00
Each additional month	\$ 36.00	\$ 18.00
Per year	\$132.00	\$ 66.00

**PEDDLER/MERCHANT APPLICATION
CRIMINAL BACKGROUND INVESTIGATION AND
LOCAL ALPHA CONTACT REPORT
RELEASE FORM**

Applicant: Please read, sign and date the following:

This is to inform you that a criminal background investigation and local alpha contact report will be conducted as part of your application processing.

I AUTHORIZE the City of Kankakee, Illinois, Police Department, to conduct a criminal history search, and other background checks required, through the City of Kankakee, Illinois per Chapter 19 of the Municipal Code Book Section 19-07(b).

I understand that my application approval is contingent upon successful completion of both the criminal background investigation and local alpha contact report. I acknowledge that if I provide false, inaccurate, incomplete or misleading information it may result in denial of this application and all future applications.

I also release City of Kankakee, from any and all claims and liability related to or arising from background investigation. I further release any and all parties providing information in connection with my peddler/merchant application background investigation from any and all claims and liability related to or arising there from, and all such parties are authorized to provide any information requested by City of Kankakee in connection with the application background investigation and to rely on this release as if they were a party hereto.

Date _____

Applicant's Signature

Full Name/Include Maiden Name (Type or Print Legibly)

Race

Sex

Daytime Phone Number

Social Security Number

Date of Birth

Driver's License Number

Current Address (Street, Apt. #, City, State, Zip Code)